Location of Construction: Owner:		Phone:			Permit No:
		IV MONCELUSCO			
Owner Address: SAA	Lessee/Buyer's Name:	Phone:	hone: BusinessName:		
Contractor Name: SAA	Address:	Phone:	Phone:		Permit Issued:
Past Use:	Proposed Use:	COST OF WORK \$1,500		PERMIT FEE: \$ 36.00	
single family	same	FIRE DEPT.		INSPECTION: Use Group: R3 Type: 5/3 BOC 4 99 Signature: Harfeet	-
		De Signature:	4		Zonez CBL: 162-B-026
Proposed Project Description:		PEDESTRIAN AC	ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: 4/11/02
Front and back decks		Action: Approved COCCC Approved with Conditions: C Denied C		Special Zone or Reviews:	
		Signature:		Date:	□ Subdivision
Permit Taken By: K	Date Applied For:	april 7 2000 K		□ Site Plan maj □minor □mm □	
 Building permits do not include plumb Building permits are void if work is not tion may invalidate a building permit a 	started within six (6) months of the date o	f issuance. False informa-			□ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied Historic Preservation ■ Mot in District or Landmark □ Does Not Require Review
I hereby certify that I am the owner of record authorized by the owner to make this applic if a permit for work described in the applica areas covered by such permit at any reason	cation as his authorized agent and I agree t ation is issued, I certify that the code offici	ed work is authorized by the o conform to all applicable al's authorized representativ	WITH RE(owner of re laws of this ye shall have	jurisdiction. In addition,	Requires Review Action: Appoved Approved with Conditions Denied Date:
SIGNATURE OF APPLICANT	ADDRESS:	April 7 2000 DATE:]	PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF	WORK TITLE			PHONE:	PERMIT ISSUED
					WEP PRETRUPTEMENTS
Wh	ite–Permit Desk Green–Assessor's	Canary–D.P.W. Pink–Pub	lic File Iv	ory Card–Inspector	

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector